



# Congressman Joe Pitts

Berks, Chester, and Lancaster Counties



## PRIVACY ACT CONSENT FORM

Internal Revenue Service  
IRS Section 404.6103(c)-1

Return to:

**Chester County:**  
Post Office Box 837  
Unionville, PA 19375

**Lancaster County:**  
Lancaster County Courthouse  
50 North Duke Street  
Lancaster, PA 17602

**Berks County:**  
Government Services Center  
633 Court St, 14<sup>th</sup> Floor  
Reading, PA 19601

I, \_\_\_\_\_, authorize Congressman Joe Pitts and/or a member of his staff to make inquiries of the Internal Revenue Service and to view confidential information so that they can be of assistance to me with the below referenced matter.

Taxpayer's Name (please print clearly): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and ZIP: \_\_\_\_\_

Home Phone:(\_\_\_\_\_)\_\_\_\_\_ Work Phone:(\_\_\_\_\_)\_\_\_\_\_

Social Security Number:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ EIN:\_\_\_\_\_

Spouse's Social Security Number:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Type of Return: 1040EZ 1040A Other:\_\_\_\_\_ Year:\_\_\_\_\_

Explain as clearly and briefly as you can the nature of your problem and what you are asking Congressman Pitts to do on your behalf:

PLEASE ATTACH COPIES OF PERTINENT FORMS AND CORRESPONDENCE.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Spouse's Signature:\_\_\_\_\_ Date:\_\_\_\_\_